

REQUEST FOR TRAINING ORDERS

COMNAVRESFORINST 1571.7G

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 301 departmental regulations. The principal purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining your eligibility for and approving the training duty being requested. Completion of the form is voluntary, however, failure to provide the requested information may result in delays, response to, or disapproval of your request.

1. SSN		2. GRADE		3. NAME (LAST, FIRST, MIDDLE)	
4. DESIG/NEC: /		5. SEX:		6. WORK PHONE ()	
				7. HOME PHONE ()	
8. HOME ADDRESS:			STREET ADDRESS:		
9. TYPE: <input type="checkbox"/> AT <input type="checkbox"/> IDTT <input type="checkbox"/> ADT <input type="checkbox"/> GROUP <input type="checkbox"/> IADT <input type="checkbox"/> INVOL <input type="checkbox"/> NON-PAY <input type="checkbox"/> MOD <input type="checkbox"/> BACK-TO-BACK					
10. A. REPORT DATE: TIME:		B. NUMBER DAYS: AT _____ ADT _____ IDTT DAYS: B _____ A _____		C. DESTINATION LOCATION _____ UIC _____ COURSE: CDP _____ /CIN _____ COURSE: NAME _____	
11. DESTINATION COMMAND CONTACTED: YES <input type="checkbox"/> NO <input type="checkbox"/> POC _____					
12. TRAVEL ITENERARY: DESIRED DEPARTURE: DATE: _____ TIME: NET _____ NLT _____ AIRPORT: DEP _____ ARR _____ FOR AFLOAT: EMBARK: _____ DEBARK: _____			13. TYPE TRAVEL: <input type="checkbox"/> CONUS <input type="checkbox"/> OUTCONUS <input type="checkbox"/> NATO 1. <input type="checkbox"/> GTR Directed/Arranged by NAVPTO/NOLA Commercial travel will be arranged and furnished by NAVPTO NOLA unless one of the following options is justified and approved on Block 14 per COMNAVRESFORINST 1571.7G 2. <input type="checkbox"/> Govt. Transportation Direct/(Airlift/NALO) 3. <input type="checkbox"/> POV Authorized As Most Advantageous To The Government 4. <input type="checkbox"/> POV Authorization Not To Exceed GTR 5. <input type="checkbox"/> Transoceanic/International Travel 6. <input type="checkbox"/> Local Commute 7. <input type="checkbox"/> Program Manager Use Only 8. <input type="checkbox"/> Program Manager Use Only 9. <input type="checkbox"/> Program Manager Use Only		
14. JUSTIFICATION/REMARKS: APC: RBSC/AUIC:		RUIC: UNIT NAME: IRAD:		PEBD: _____ BAQ W/ DEP: Yes or No	
STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty, I am subject to Defense Department and Navy Department Standards of Conduct directives. I also understand that I am subject to the same standards of conduct directives during any time I am performing inactive duty (drills). I will, during any duty I perform take no action which will amount to or reasonably create the appearance of using any military position for personal gain or the benefit of my civilian employer. I will also refrain from using or reasonably creating the appearance of using information I obtain while on duty for personal gain or the benefit of my civilian employer. If events occur which might cast reasonably doubt on my ability to follow these standards, I will promptly notify my military superiors.					
15. DATE		16. APPLICANT'S SIGNATURE:			
CERTIFICATION – MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL PREREQUISITES FOR REQUESTED COURSE.					
17. REPORTING/ADDITIONAL INSTRUCTIONS/TEXT CODE:					
18. APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>		UNIT CO/GCLO/OIC		DATE:	
19. APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>		UNIT CO/GCLO/OIC		DATE:	
20. REMARKS/DISAPPROVAL CODE:		P.E. DATE _____ BODY FAT % _____		HIV DATE _____ Male / Female (CIRCLE ONE)	
BCN _____		MED INFO VERIFIED BY _____		NAME _____	

REQUEST FOR TRAINING ORDERS

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Directions to Complete Request for Training Orders Form

- Block 1: Social Security Number of Applicant
- Block 2: Grade of Applicant (example: E4 or O3)
- Block 3: Last Name, First Name and Middle Initial of Applicant
- Block 4: Designator (Officer) or NEC (Enlisted) of Applicant
- Block 5: Sex of Applicant (needed for Berthing considerations)
- Block 6: Work phone number of Applicant
- Block 7: Home phone number of Applicant
- Block 8: Complete Home Address of Applicant (Should be same address as on RSTARS file. If not, put in appropriate address change via RSTARS.)
- Block 9: Check appropriate type(s) of training.
- AT - Annual Training (required each fiscal year)
 - IDTT - Inactive Duty Training Travel
 - ADT - Active Duty Training (in addition to AT, performance of ADT does not remove the AT requirement)
 - Group - A member of a group (Must travel same location, same travel code)
 - IADT - Initial Active Duty Training
 - INVOL - A mandatory driller involuntarily performing training
 - Non Pay - Training performed with no pay, per diem, or allowance (Can be either AT or ADT)
 - MOD - Modification (Check only the blocks that require change and attach RSTARS documentation and justification)
 - Back-to-Back - Orders, AT and/or ADT that are in conjunction with one another
- Block 10A: Report Date and Time of requested type training.
- B: Requested number of AT/ADT days, number of IDTT days in conjunction with AT/ADT is desired. Before (B) or After (A) (place number in appropriate space). (IDTT must be performed at site of AT.)
- C: Training Location Site and UIC. Completion of CDP/CIN and name of requested course is mandatory.
- Block 11: Point of Contact at Training Site. (If contacted)
- Block 12: Desired Travel Itinerary to Training Site
- Provide departure date (One day travel INCONUS, two days travel OUTCONUS) with Not Earlier Than (NET) and Not Later Than (NLT) departure times. Provide desired airport Departure (DEP) and Arrival (ARR). Provide embark/debark for training afloat. (LANTREP/PACREP confirm)
- Block 13: Type of Travel Mode 1 is a Government Transportation Request (GTR) and is the directed method of travel and should be the primary choice.
- Travel Modes 2-6 are authorized methods of travel and may be selected in lieu of a GTR provided they satisfy mission requirements.
- Travel Modes 7-9 are for program manager use (refer to COMNAVRESFORINST 1571.7G, Chapter 7). These modes of travel may be requested in unusual circumstances. However, approval by Echelon III program manager must be fully justifiable.
- Block 14: Use this block to justify any entry that may require an explanation
- Block 15/16: Date of Application and Signature by Applicant is mandatory
- Block 17: List appropriate test codes and additional instructions required in performance training
- Block 18: Check only one block. Signature of CO/GCLO/OIC is mandatory.
- Block 19: Check only one block. The approval or disapproval is ultimately the responsibility of the commanding officer of RESFMS site. However, review and approval/disapproval may be delegated.
- Block 20: Amplifying remarks for disapproval in Blocks 18 and 19.